



**Women Who Care
of Fairfield County**

Membership Form

Thank you so much for your interest in joining 100 + Women Who Care of Fairfield County. Please fill out the form below and bring it to the next meeting. The information is needed for planning purposes for the meetings and for labels to give to the organizations that will receive the donations.

We meet four times a year on the second Tuesday of February, May, August and November. Mingling and Networking start at 5:30 pm and the meeting is from 6:30 – 7:30 pm. Your membership in this organization is a valuable asset to our Fairfield County community. Together we are making an impact—through four one-hour meetings a year with a donation of \$100 each meeting!

Thanks for being a woman who cares!

Name _____

Street Address _____

City, State & Zip _____

Telephone H: _____ W: _____ C: _____

E-mail _____

I understand if I choose to participate in 100+ Women Who Care I am making a personal commitment to donate \$400.00 each year (\$100.00 each quarterly meeting) to charities/ non-profits/ worthy causes serving the Fairfield County area. I also understand that, even if the charity chosen is not my first choice, as a member I will donate at each meeting and if I am not able to attend the quarterly meeting I will give my check, which will also serve as my proxy vote, to another member to deliver to the meeting on my behalf.

Your Signature

Date